

RSU #38 - Readfield Elementary School After School Childcare
84 South Road, Readfield, ME 04355
School phone # (207) 685-4406 daycare ext. 1319, FAX # (207) 685-5521
Program Director – Nancy Moorman
Email: resdaycare@gmail.com

Program Enrollment Form - School Year 2019- 2020

Date: _____ First date of attendance: _____ Bus # _____

Child's name: _____ Date of birth: _____

Child's teacher: _____ grade _____

Weekly schedule: Please circle anticipated days of attendance: **M T W T H F**

Other _____ or **Occasional** (with prior notification)

Please indicate if you are interested in daycare on scheduled district half days: yes no

Parent / Guardian (s): _____

Home Mailing Address: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Please print clearly (For notes and billing every two weeks)

Name of business: (Parent #1) _____ work phone: _____

Name of business: (Parent #2) _____ work phone: _____

PERSONS AUTHORIZED TO PICK-UP YOUR CHILD: (any changes in this list must be received in writing)

Be sure to fill out side two and return to this form to RES with the refundable deposit of \$100.00 to reserve space for your child.

A NEW APPLICATION IS NEEDED for Each child EACH school YEAR before they stay for the RES After School Child Care. We need the correct information on file to help insure your child's safety and to be able to reach you in case of an emergency.

EMERGENCY NUMBERS: Please give the name, address and phone numbers of two people that may be notified in case of an emergency or illness, when parent or guardian can not be reached.

Name, address & relationship to child: _____

_____ Phone: _____

Name, address & relationship to child: _____

_____ Phone: _____

Does your child have any food or other allergies or other health problems that may require attention while in daycare? Yes / No Please list situation and special instructions to deal with it: _____

Does your child have any special needs that would keep them from participating in activities with a group of other children? Yes / No If yes, what would your child need to enable them to participate?

Is there any other information you would like to give us about your child to help us better care for your child? _____

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I can't be reached, I authorize the Readfield After School Child Care Program staff to act in my behalf in granting permission for my child to receive emergency treatment.

Child's Physician: _____ Phone: _____

Address: _____

Insurance Company _____ Group Policy # or Medicare # _____

Signature of parent / guardian: _____ Date: _____

FINANCIAL AGREEMENT: I agree to pay \$9.00 per day for regular days and \$15.00 for extended days (scheduled half days of school when child care open 11:45 to 5:30) for my child to attend the After School Child Care Program at Readfield Elementary School. I agree to pay the above listed fees for the days my child attends during school 2019 - 2020 year.

I will pay: weekly or every two weeks (circle one)

If I have any difficulty paying my daycare bill, I will ask for a meeting with the director and/or the principal to discuss this issue. If arrangements are not made to pay the bill, we must deny child care service.

Signature(s) of parent or guardians responsible for the child care bill:

_____ **Date:** _____